

January 27, 2009

Montana Healthcare Programs Notice

Mental Health Centers, Targeted Case Management—Mental Health, Residential Treatment Centers

Montana Medicaid Reimbursement Change for Psychiatric Residential Treatment Facilities (PRTFs) for Both In- and Out-of-State Providers

Effective March 1, 2009, Psychiatric Residential Treatment Facilities (PRTFs) will be reimbursed by Montana Medicaid through a bundled rate to include all psychiatric, medical and ancillary services to meet the youth's psychiatric and physical health care needs. The reimbursement method is different for in-state and out-of-state PRTFs.

- In-state PRTFs will receive a daily bundled rate that includes a facility-specific ancillary rate. The department will cost settle with the in-state PRTFs at the end of the state fiscal year if their medical and ancillary expenses exceed 105 percent of the base year.
- Out-of-state PRTFs will be reimbursed 50 percent of their usual and customary rate. Their usual and customary rate must include all psychiatric, medical and ancillary services youth receive while in their facility.

Ancillary services are defined in ARM 37.87.1222 as: ambulatory surgical center; audiologist; chiropractor; dentist, denturist, and orthodontist; durable medical equipment; emergency room services not related to the psychiatric condition; eyeglasses; federally qualified health center; hearing provider and hearing aids; hospital; licensed addiction counselor; medical transportation and ambulance services; mental health center; MRI, or other diagnostic services; nutritionist; optometrist and ophthalmologist; outpatient hospital not relative to the psychiatric condition; pharmacy for post-discharge medication; physical and speech therapist; physician, psychiatrist, and mid-level practitioner; podiatrist; public health clinic; respiratory therapy; rural health clinic; targeted case management; and any other Medicaid service provided to the youth receiving PRTF in-patient care not related to the youth's psychiatric condition may be considered an ancillary service. Documentation must be maintained for all services provided to the youth in the PRTF.

All expenses for services a youth receives while in a PRTF are the responsibility of the PRTF. Other enrolled Montana Medicaid providers will not be reimbursed separately by Montana Medicaid for services provided to youth in a PRTF.

Targeted case management (TCM) services are considered ancillary services. The PRTF may provide TCM services directly or indirectly by working with a mental health center in Montana to provide TCM services to the youth. The PRTF must reimburse the mental health center directly for TCM services provided to a youth in a PRTF, if the PRTF does not provide TCM services

directly. A definition of a billable TCM service will be provided by the department to the PRTFs. PRTFs are responsible for discharge planning which must begin shortly after admission. Referrals for services needed upon discharge must be made not less than 30 days prior to discharge. Additional information will be available for PRTFs on requirements for providing TCM services directly.

- Enrolled PRTFs must inform the department about how they will be providing TCM services to youth in their facility in writing by February 13, 2009.
- Notice of the youth's actual admission and discharge date must be submitted to First Health on the day of admission or discharge (or the first business day following a weekend admission or discharge). A \$100 fine may be imposed by the department against a PRTF for each instance where First Health does not receive timely notification. Notify First Health of the actual admission or discharge date on the "Youth Discharge Form" by fax or web submission. The form is found on their website at <https://montana.fhsc.com/>. Other Medicaid services are closed to the youth while they are in the PRTF.

The new PRTF Assessment Service defined in ARM 37.87.1215 is provided only by in-state PRTFs. These services must be prior authorized by First Health using revenue code 220. Paper claims for PRTF assessment services may be used and sent to Julie Frickel at the address below. Electronic or paper claims submitted to ACS will be forwarded to the Children's Mental Health Bureau (CMHB) to be manually priced and processed.

High cost medical and ancillary claims will be paid on an interim basis for in-state PRTFs only if prior authorized by CMHB. Requests for prior authorization must be submitted to CMHB, along with a bill supporting the expense and a paper claim using revenue code 229, to Diane White at the address below. If the claim is prior authorized, it will be processed for payment. If the claim is not prior authorized, the provider will be notified by CMHB.

Children's Mental Health Bureau
P.O. Box 202951
Helena, MT 59620-2951

For questions or more information contact Diane White, Clinical Program Supervisor, CMHB, at (406) 444-1535 or dwhite@mt.gov.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>